

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**
(FOR USE WITH FORM PTO-875)

SERIAL NO.

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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TOTAL IND.	3					
TOTAL DEP.	116					
TOTAL CLAIMS	121					

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	IND.	DEP.	IND.	DEP.	IND.	DEP.
51				101		
52				102		
53				103		
54				104		
55				105		
56				106		
57				107		
58				108		
59				109		
60				110		
61				111		
62				112		2
63				113		2
64				114		2
65				115		
66				116		4
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TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						

* MAY BE USED FOR ADDITIONAL CLAIMS OR ADMENDMENTS

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INDEX OF CLAIMS

Claim		Date						
Final	Original	4 16 02	1 3 03	9 26 03				
51	✓	✓	✓	✓				
52	✓	✓	✓	✓				
53	✓	✓	✓	✓				
54	✓	✓	✓	✓				
55	✓	✓	✓	✓				
56	✓	✓	✓	✓				
57	✓	✓	✓	✓				
58	✓	✓	✓	✓				
59	✓	✓	✓	✓				
60	✓	✓	✓	✓				
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64	✓	✓	✓	✓				
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66	✓	✓	✓	✓				
67	✓	✓	✓	✓				
68	✓	✓	✓	✓				
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SYMBOLS

✓	Rejected
□	Allowed
-	(Through numeral) Canceled
+	Restricted
N	Non-elected
I	Interference
A	Appeal
O	Objected

Claim		Date						
Final	Original							
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